

1.) CORPORATION NAME:

DUE DATE: **12/31/2012****COMMUNITY HOME CARE, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **03146099**
**FREDDIE E MULLINS PC  
256 COLLEY SHOPPING CENTER  
PO BOX 951**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

**CLINTWOOD, VA 24228**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**DICKENSON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

 ADDRESS: NORTON COMMUNITY HOSPITAL  
100 15TH STREET NW

CITY/ST/ZIP: NORTON, VA 24273

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

 NAME: ROBERT LEONARD  
TITLE: SECRETARY  
ADDRESS: P.O. BOX 555  
CITY/ST/ZIP/CO: NORTON, VA 24273
☒

OFFICER

☒

DIRECTOR

 NAME: HARRY DOTSON  
TITLE: TREASURER  
ADDRESS: P.O. BOX 864  
CITY/ST/ZIP/CO: WISE, VA 24293
☒

OFFICER

☒

DIRECTOR

 NAME: CHARLES R WARD  
TITLE: VICE CHAIRMAN  
ADDRESS: P. O. BOX 363  
CITY/ST/ZIP/CO: WISE, VA 24293
☒

OFFICER

☒

DIRECTOR

 NAME: JAMES MANICURE  
TITLE: DIRECTOR  
ADDRESS: P.O. BOX 363  
CITY/ST/ZIP/CO: WISE, VA 24293
☐

OFFICER

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DIRECTOR

 NAME: BUFORD STURGILL  
TITLE: DIRECTOR  
ADDRESS: PO BOX 1068  
CITY/ST/ZIP/CO: WISE, VA 24293
☐

OFFICER

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DIRECTOR

 NAME: Willie Price-Harris  
TITLE: DIRECTOR  
ADDRESS: PO Box 950  
CITY/ST/ZIP/CO: Wise, VA 24293
☐

OFFICER

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DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Wright DIRECTOR 96 15 ST NW Suite 101 Norton, VA 24273	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Doyle DIRECTOR 400 North State of Franklin Rd Johnson City, TN 37604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ann Fleming Chairperson 400 North State of Franklin Rd Johnson City, TN 37604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marvin Eichorn DIRECTOR 400 N State of Franklin Rd Johnson City, TN 37604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sandra Brooks DIRECTOR 400 N State of Franklin Rd Johnson City, TN 37604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Leonard CEO 100 Fifteenth St NW Norton, VA 24273	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Stephen Sawyer CFO 100 Fifteenth St NW Norton, VA 24273	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Ann Fleming		Ann Fleming, Chairperson	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		12/14/2012 DATE	
PRINTED NAME AND CORPORATE TITLE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			